

*An
Inaugural Dissertation
on
Gastritis.*

by W. M. Maxwell

admitted March 7th 1821.

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Gastritis

This disease is divided by ~~Medicis~~ by ~~Medicis~~ into two species, viz. Phlegmonous and Erysipelatous. It is to the former of these, that I intend to confine myself.

Gastritis of this nature is most usually caused by acrid substances of various kinds, especially, when the mucus of the stomach has been abraded, or so changed, as not properly to perform its office: among these are arsenic, oxy-muriate of mercury, alkalies, the oxalic and mineral acids. It is worthy of notice, that the substances most acrid to the taste are not those which produce most irritation; the strongest spicis are often taken into the stomach without the least injury whatever; while, on the other hand, the most insipid substances affect it most dreadfully. It may also, be caused by foods of an impure nature, by potations of spirituous liquors, by large draughts of cold drinks, such as cold water, iced

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punch or iced creams, taken when the patient is in a copious perspiration, and at a time, when the body is rapidly parting with its heat. It is, also, occasioned by external violence, from wounds, blows, and by pressure on the subcervical cartilages when a luxation is taken place, or it is broken so, as to press on the stomach. It may, likewise, be produced by contusions or distentions by taking into the stomach hard and indigestible substances. — By poisons or corrosive substances. It is, also, said, that repellent Exanthemata and Gout, may be a cause. Gastritis may arises from acrid matter generated within the body, as very often happens in various ulcerous affections of the fauces and Oesophagus; and it may, moreover, proceed from inflammation of some of the viscera, as the Liver, intestines &c, extending to the stomach. Like the other phlegmasia it may be excited by causes of sudden plethora, particularly by the suppression of accustomed hemorrhage or habitual evacuations.

The terminations of this disease like all of this

order, is either by resolution, suppuration, or gangrene, and it is also said by writers in some instances to terminate in scirrus. The tendency of this disease to admit of resolution, may be perceived by its having arisen from no violent cause, by the moderate appearance of the symptoms and the remissions of these being gradual, arising principally in consequence of remedies employed in the course of the first, or at, least, the second week of the disease.

The tendency to suppuration may be ascertained by the symptoms continuing in a moderate way for more than one or two weeks, and also by a considerable abatement of pain, while a feeling of weight and oppression still exists. When the abscess is actually formed, cold shivering ensue, with marked exacerbations in the evening, which are succeeded by night sweats, diarrhoea, copious flow of urine, watchfulness, and other symptoms of hectic fever, and these at length prove fatal, unless, the pus is thrown up by vomiting, and then the ulcer heals.

The tendency to gangrene in this complaint, as in other internal inflammations, may be suspected by the unusual violence of its symptoms, and their not yielding to proper remedies in the commencement of the disease. — Where gangrene actually takes place, it may be known by the sudden cessation of the pain, the pulse continuing its frequency but becoming weaker with cold clammy and partial sweats, delirium, and with other marks of increasing debility ensuing.

The termination of gastritis in schirrus is thought by writers to be of rare occurrence; but, when it is the case, it is characterized by these symptoms, nausea, vomiting soon after taking food: likewise very obstinate costiveness is usually present. When ulceration takes place, hectic generally ensues, which eventually takes the patient off. When this is present, there is a constant eructation of very fetid air, and a frequent vomiting of dark-coloured mucus, which is extremely offensive.

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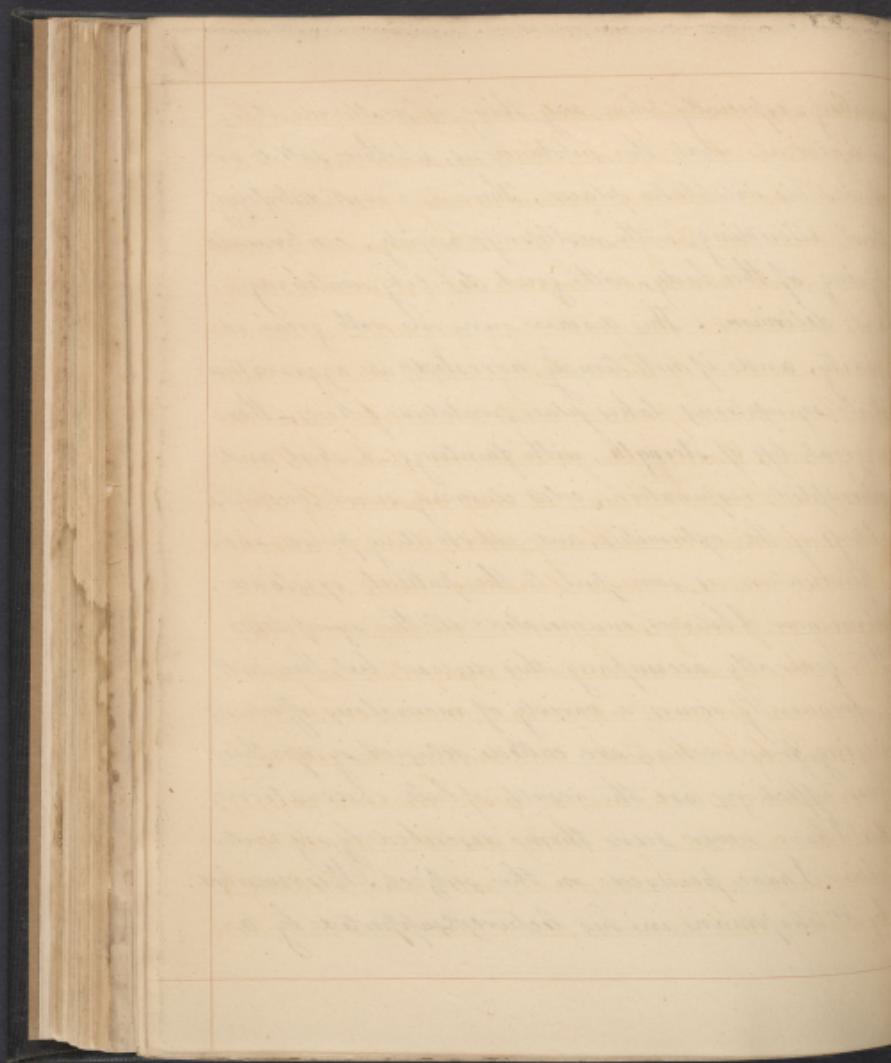
The pain which attends is pretty constant, and is more or less severe according to circumstances; it is augmented by receiving an acrie or acide substance into the stomach, but, on the contrary, when milde articlez are taken in, such as milk, gruels &c they occasions little or no inconvenience.

Symptoms of Gastritis.

The symptoms of Gastritis like those of most other phlegmasia are not very complicated. The pain of the stomach is very often violent, and accompanied with a sense of burning heat, — soreness to the touch. The pain is not always confined exactly to the epigastric regions, but, extends as far down as the false ribs, and often shoots to the back. It is, also, accompanied with much prostration of strength, attended with pyrexia. The pulse at the commencement is small, but, frequent, quick, hard, and chorded, and sometimes intermitting. In more advanced stages tension about the epigastric and umbilical regions succeeds, accompanied with flatulency and severe

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comiting; especially when any thing is swallowed, it is immaterial what the substance is, whether solid or fluid, this will take place. There is a most distressing thirst attending, with restlessness, anxiety, continual tossing of the body, with great debility, watching and delirium. This disease runs on with great rapidity, and if not timely arrested an aggravation of its symptoms takes place, irritation follows; - there is great loss of strength, with fainting; - a short and interrupted respiration, cold clammy sweat, hiccough, coldness of the extremities, and intermitting pulse, and a termination is soon put to the patient's existence. I have now, I believe, enumerated all the symptoms that generally accompany this disease; but, there not unfrequently occurs a variety of anomalous affections, arising from what are called delusive sympathies. These affections are the result of late observation, for I have never seen them described by any writer whom I have perused on this subject. It is remarked by Dr Chapman in his lectures supported by a



number of respectable practitioners of this city, and by no less than Dr. Physick, that in more than one case he has observed accompanying gastritis a violent, pain in the great toe, this remark is certainly of great practical importance; it demonstrates to us somewhat the pathology of gout; - it has also been remarked by them that gastritis has now and then been accompanied with an acute pain in the groin. During the prevalence of the yellow-fever in Philadelphia, it was observed by the above mentioned authority, that patients attacked with this disease were troubled with a severe rigidity or paralytic affections in one or both arms; this is no uncommon symptom in gastritis, it is a very frequent attendant; Moreover, it is remarked by Dr. Physick, that during the yellow-fever, and gastritis arising from common causes, that the pudenda of females are often affected with much inflammation, pain and itching; he observes that he never saw a case in which these

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symptoms appeared that recovered.

Prognosis.

The prognosis of gastritis is seldom favourable if the pains, vomiting and fever are not relieved in the course of four or five days; we may suppose suppuration or gangrene with most certainty takes place. But, if the symptoms become milder, and proper medicines have been administered at the commencement of the disease, it may, probably, terminate in resolution; but, it is more favourable if the pulse becomes more soft and full about the fourth day, diminishing in frequency, the pain gradually abating, the urine throwing down a sediment, or diarrhoea supervening are to be considered as propitious symptoms.

Diagnosis.

The diagnosis of gastritis is not difficult to a person acquainted with its symptoms.

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adversus inimicos et idemque loquuntur ad
adversarios. Quod in inimicis enim peribunt et in
adversariis quod in inimicis non peribunt. Et idem
adversarii dixerunt. Domine deus noster responde in adversariis
nisi respondeas in inimicis quod in inimicis
adversarii de te exquirunt. Quis non videt inimicis
et peribunt. prius de inimicis non loquitur
adversarius. Quia in deo non credunt. non credunt
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Non credunt in deo. non credunt in deo. non credunt
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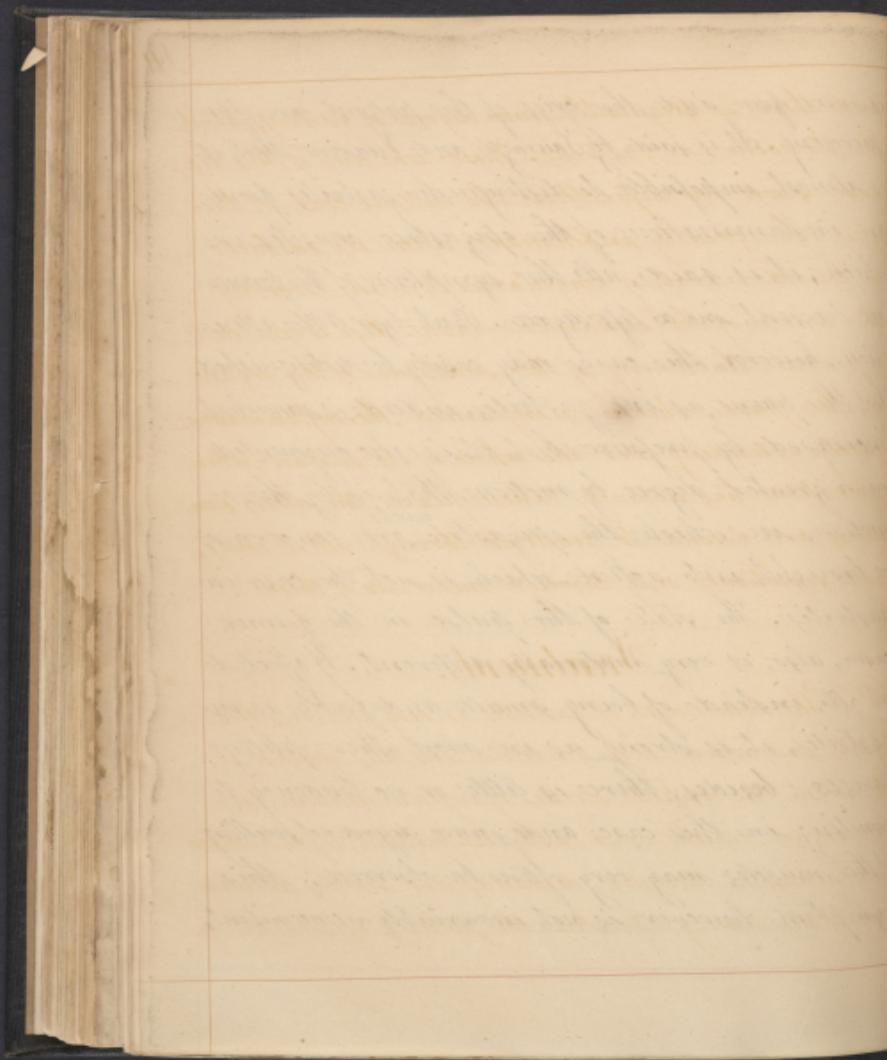
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It is impossible to confound it with any other disease if this is the case. In cramps and flatulent pain of the stomach, the pulse is commonly natural or nearly so, nor are the latter attended with the sudden prostrations of strength, which accompanies gastritis. In these, there is often no vomiting and it is very uncommon to be so constant, or so frequently excited by the ingesta. The augmentation of pain on taking any thing into the stomach is much less observable in flatulent pain and cramps, than in gastritis; in the former, the great increase of pain on pressure, one of the best diagnostics of gastritis, is not remarked. The hiccup too, which is a more frequent attendant on the latter complaint, aids here in distinguishing it.

Besides, in spasm of the stomach, the case most frequently taken for gastritis, there is such a sense of constrictions and suffocation, that the voice is often suspended, while in gastritis, it

is more free and the cries of the patient, are often piercing. It is said by Sauvage and Guarini that, it is almost impossible to distinguish gastritis from an inflammation of the epigastric muscles, in which, it is said, all the symptoms of the former are present, in a less degree. But, by a little attention, however, the cases may easily be distinguished, for the pain in gastritis, indeed is somewhat increased by pressure, but, it is also augmented in a greater degree by motion, that is, by those motions, in which the epigastric ^{muscles} are concerned, or brought into action, which is not the case in gastritis. The state of the pulse in the former case, also, is very materially different. If affected at all, instead of being small and fable as in gastritis, it is strong as in most other phlegmias; besides, there is little or no tendency to vomiting in this case and, some degree of swelling of the muscles may very often be observed; this symptom however, is not, invariably a concomitant,



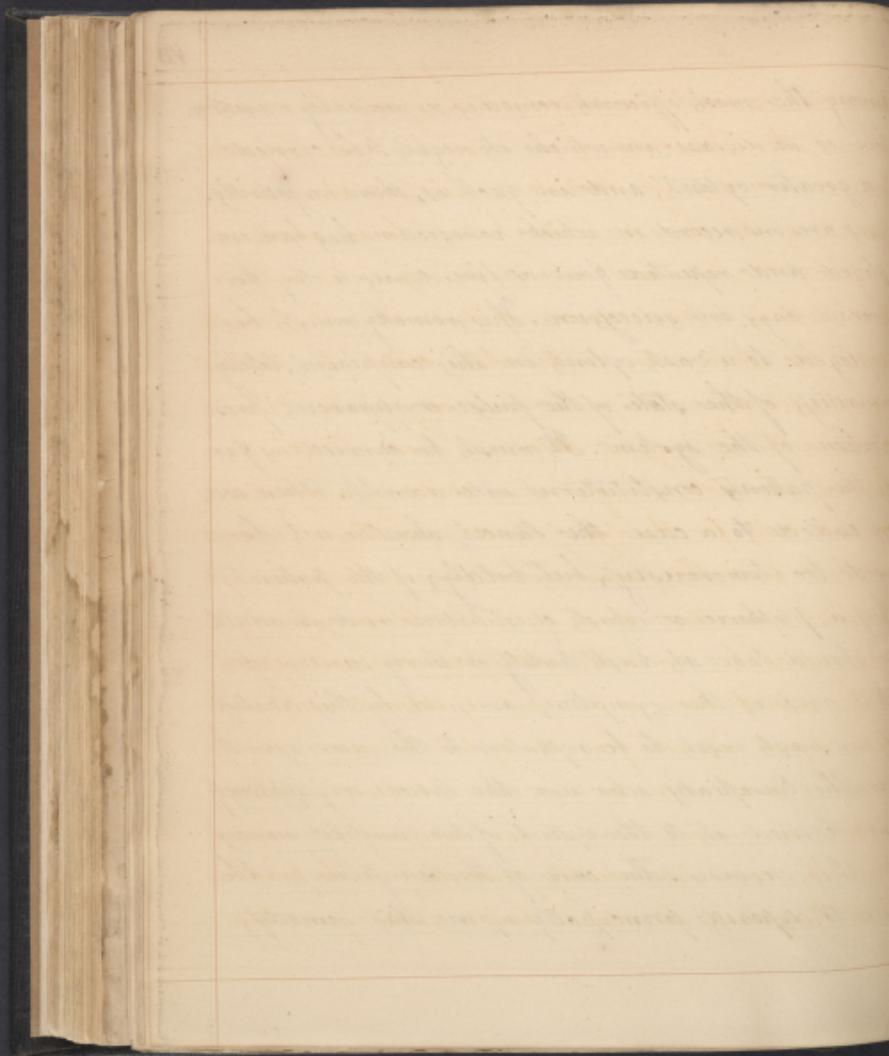
and there is frequently some degree of fullness about the stomach in gastritis. Those who die of this disease show on dissection the villous coat of the stomach greatly inflamed; upon its surfaces is found a coat of coagulable lymph covering the whole of the inflamed part. Also is exhibited a partial thickening of the substance of the organs at the part, which is inflamed; the inflammation rarely extending over the whole of its surface, when ulcerations has actually taken place, the ulcerous matter are found to penetrate through all its coats, and sometimes only through one or two of them.

Treatment.

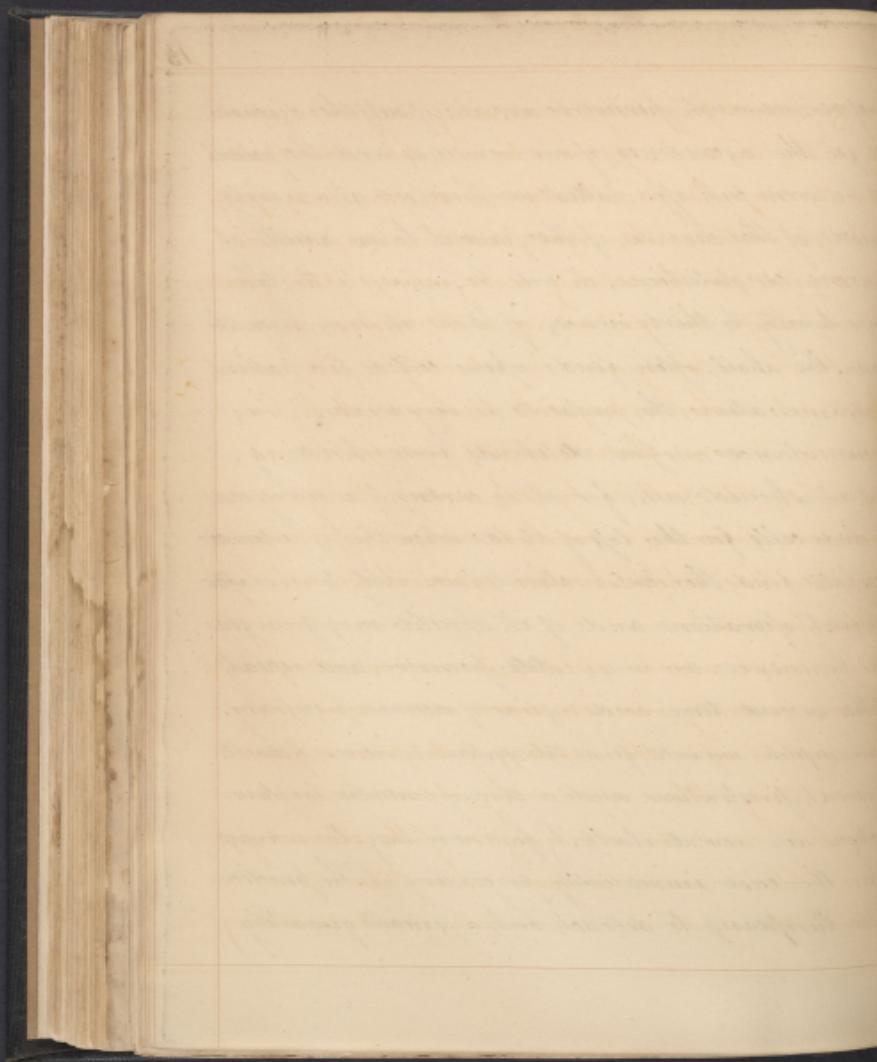
The treatment of gastritis is very obvious; the first indication to be fulfilled in this disease is to arrest the rapid strides of inflammation in an organ, which is so vastly important to the human machine; it, therefore, demands our serious attention; for if not timely arrested the patient is soon cut off.

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Among the most efficient remedies is decidedly venesection; there is no disease in which it ought to be carried to a greater extent, and in fact is, than in gastritis. Cases are on record in which venesection has been employed and repeated four or five times a day for several days in succession. This remedy must be employed to a vast extent in this complaint, totally regardless of the state of the pulse or apparent prostration of the system. It must be carried as far as the patient's constitution will admit. When we are called to a case the lancet should not be used too timorously, but boldly; if the patient is of a plethoric or robust constitution and an adult, we should take at least twenty or thirty ounces of blood and if the symptoms are not by this abated at our next visit to be repeated to the same extent, even the Europeans who use the lancet very sparingly have carried it to the extent of two hundred ounces in this disease. The cure of this complaint, I believe to depend principally upon this remedy,

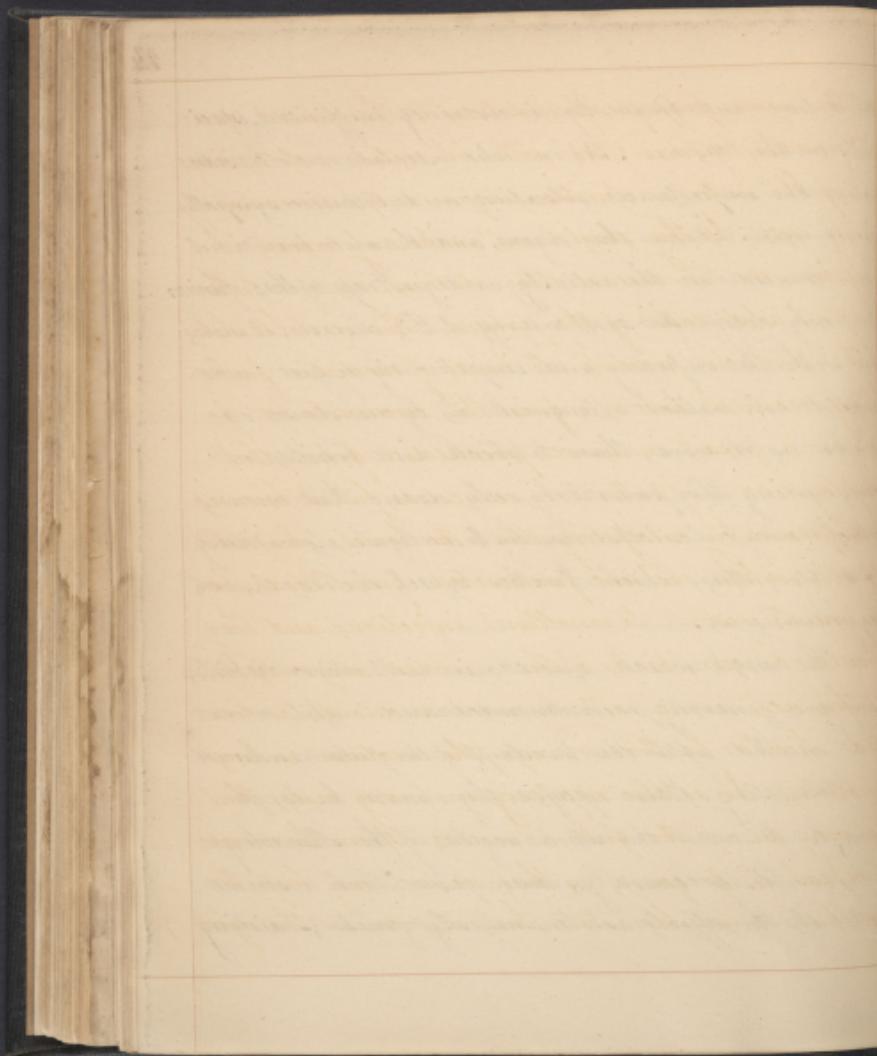


therefore, we must persevere in it; if not the disease will get the ascendency of our remedies and the patient will be soon cut off. Called in therefore at an early period of the disease, if the patient be an adult of a strong constitution, it will be requisite to take from twenty to thirty ounces of blood at least from the arm. We shall often find when called to a patient no examination, the pulse to be very weak. This circumstance might deter us from bleeding, but it should not, for it is certainly a depressed one and calls for the loss of blood when this is performed we shall find the pulse almost invariably to rise after the first operation and if it should vary from general experience we must still persevere, and repeat it the second time and again if deemed necessary. As we deplete we will find the system to recover from its apparent prostration and a case of consumptive inflammation will reveal itself, by far more easy to manage than the case immediately preceding it. The practice of the Europeans to detract but a small quantity

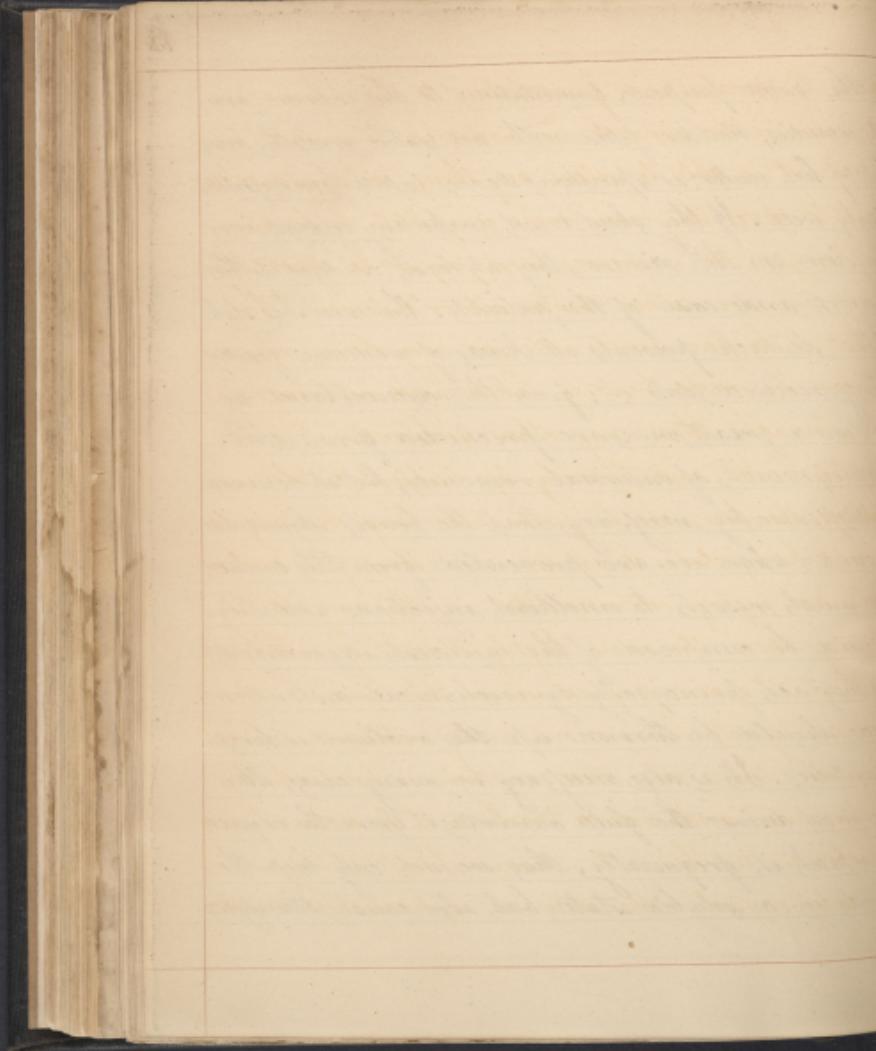


at a time and frequently, is certainly inefficient, especially in thy disease. No one who will take into consideration the importance, situations and extensive sympathy which exists between this organ, and the whole frame; but, will coincide in the validity and justness of this opinion; but, only observe the vast progress of this disease; it rushes on with the rapidity and impetuosity of fire, who would not rather extinguish it, by one dash of water as it were, than to stand and behold it consuming the patient, by only using those means which are calculated, merely to mitigate its rapidity, if it does this, which I rather expect it does not, but aggravates it.

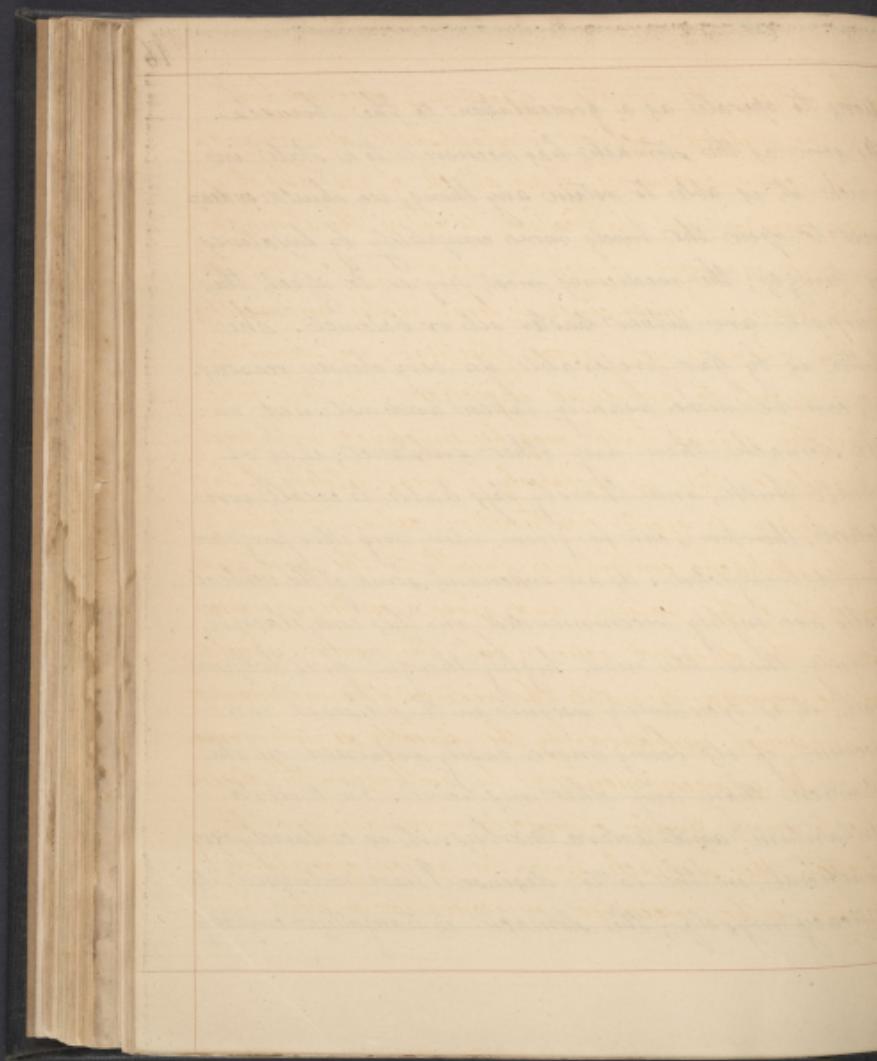
The next which succeeds in importance is blisters, they are generally recommended and ought never to be omitted after the hardness of the pulse is reduced by bloodletting. When applied they should be large enough to cover the whole region of the stomach; for a large blister causes no more pain than a small one, but the effects are manifestly greater; aiding



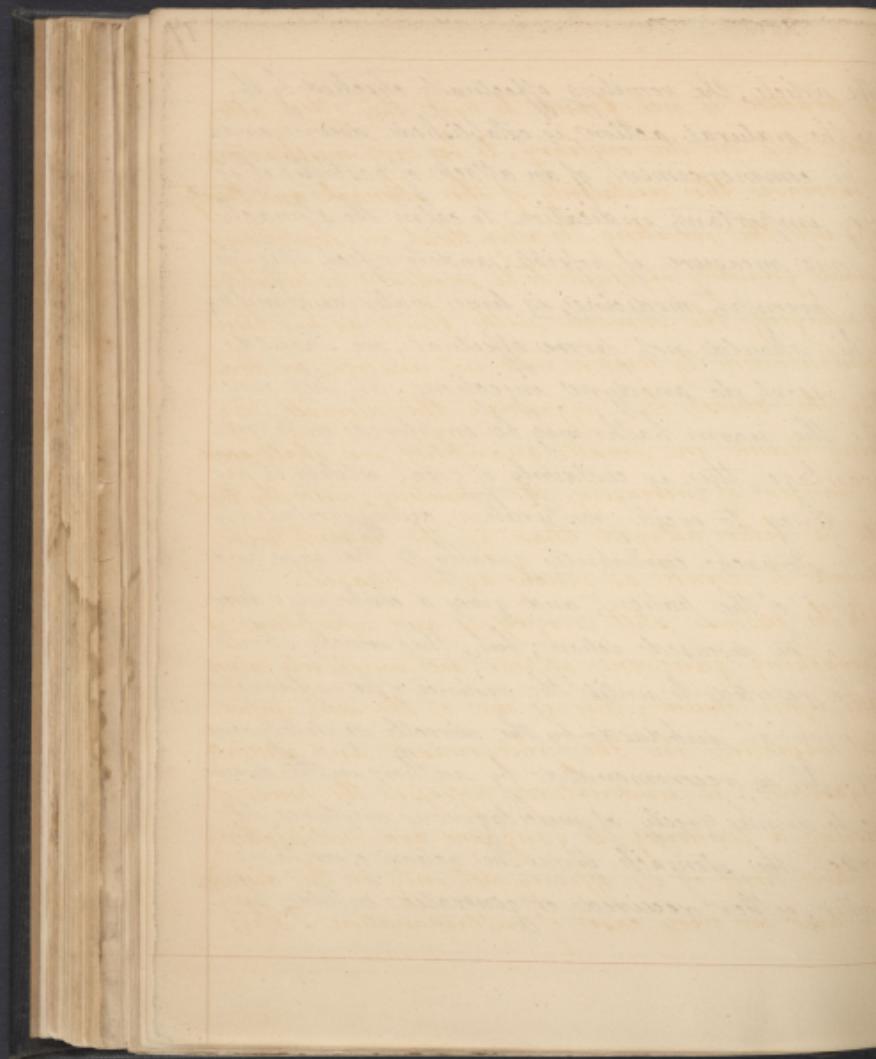
in the same purpose, fomentating to the abdomen are fit remedies, bladders filled with hot water, or cloths wrung out of hot water, or spirituous liquor will answer exceedingly well. If they should not make any evident impression on the disease, they at least conduce to the comfort and ease of the patient. The irritable state of the stomach prevents all kinds of medicine from being received into it; from this circumstance we are in a great measure precluded from the employment of internal remedies, but it becomes indispensably necessary, that the bowels should be opened, when we are prevented from this cause, we must resort to emollient injections and they should be composed of the mildest ingredients, as they act principally by mechanical distension, and should be thrown up the rectum in large quantities. It is also necessary in many cases, that we may derive the full advantage from the enemas, to repeat it frequently, thus we not only keep the bowels in a soluble state, but also cause the injec-



ting to operate as a fomentation to the bowels. As soon as the stomach has recovered to a state in which it is able to retain any thing, we should endeavour to open the bowels more completely by laxatives or purges; the medicines most proper to effect this purpose are either Castor oil or Calomel. The latter is by far preferable for very obvious reasons, it can be more readily taken and retained on the stomach than any other substance, it is of small bulk, and thereby less liable to create irritation, therefore, can be given, when every other purgation would be rejected. As are evacuant, some of the neutral salts are highly recommended in this complaint, among these the most highly thought of, is the Opson salt, it is exceedingly useful in this disease on account of its being more easily retained on the stomach than any other medicine. In Colera Infantum and Colera Morbus; it is certainly very beneficial, in the latter disease I have witnessed its efficacy myself; the stomach is tranquillized completely



by the article, the vomiting effectually checked by it, and the natural action is established downwards. At the commencement of an attack of gastritis it is a very important indication to calm the stomach in some measure if possible, and to effect this the most prompt medicine, is lime water and milk; if this should not prove effectual, we should next resort to anodyne injections. At this juncture the warm bath may be employed with great advantage, this is certainly of great utility, it has a tendency to excite perspiration, calming irritability of the stomach, contributes greatly to the ease and comfort of the patient, and gives a centrifuge direction to the diseased action; but, this remedy should not be resorted to until the violence of the inflammation is somewhat subdued by the directly depulatory remedies. It is recommended by authors in this disease also, to drink freely of mucilaginous mixtures to protect the stomach from the action of irritable matter, either received or generated within; but



this practice is not found to have this effect, altogether; but on the contrary, to be very mischievous, it increases the irritability of the stomach and thereby keeps up the vomiting. To allay thirst we should direct a small quantity of fluid to be swallowed as possible. By deluging the stomach with fluids as has been recommended by writers will not answer, we do not allay the thirst, but aggravate the disease. By giving drink in small quantities we shall avoid the danger of increasing the vomiting, and the thirst will be better allayed than if the patient were allowed to drink as much as he pleased.

If the disease still progresses and symptoms of approaching gangrene appear, we must rely principally upon opium; this is one of the most important remedies in the phlegmasia and especially in gastritis; it undoubtedly possesses the power of arresting a tendency to gangrene and mortification. We have proof of its efficacy not only in this disease, but also in every case of inflammation. This

observation is not of late date, it has long existed and prevails at present among physicians. Especially as regards gastritis and enteritis, it displays its utility most strikingly at that point in which active inflammation is about to terminate in gangrene or fable inflammation.

But if opium should fail under these circumstances there is one other which we may resort to with great confidence; it is the common Spirit of Turpentine. This medicine was used by Dr Physick with great success in those years in which the yellow fever prevailed in this city, with a view to allay vomiting attending that disease. From analogy and other notions, practitioners were induced to try it in gastritis and with very eminent efficacy: It has been used in Enteritis and Puerperal fever with great success, but it has also evinced its power in that stage of inflammation which is about to terminate in gangrene; at this crisis of the disease, it is certainly one of our most valuable

remedies. With this I conclude what I have to say
of the treatments of gastritis arising from ordinary
causes.

